

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13543 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13543
Reg. Dist. No. 251

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-tombstone permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY <u>Baltimore</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Md.</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Church Hill</u>		c. LENGTH OF STAY IN lb <u>1b</u>					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Church Hill</u>					
d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)	First <u>Edward</u>	Middle <u></u>	Last <u>Brown</u>				
4. DATE OF DEATH	Month <u>Dec</u>	Year <u>57</u>	Day <u>5</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cel</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH <u>?</u>				
		WIDOWED <input type="checkbox"/>	9. AGE (In years last birthday) <u>About 5 yrs.</u>				
		DIVORCED <input type="checkbox"/>	10. IF UNDER 1 YEAR Months <u></u> Days <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sleeper in garage</u>		10b. KIND OF BUSINESS OR INDUSTRY					
11. BIRTHPLACE (State or foreign country) <u>?</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13. FATHER'S NAME <u>?</u>		14. MOTHER'S MAIDEN NAME <u>?</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.					
17. INFORMANT <u>Pearl Brown</u> Lived Centreville Md		Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion (Sudden)</u>							
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Hour a. m. <u>a.m.</u> p. m. <u>p.m.</u>		Month, Day, Year <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <u>New Castleton</u>	(County) <u>Montgomery</u>	(State) <u>Md.</u>
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <u>W. Henry Fisher</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED <u>12/5/57</u>			
EXAMINER'S NAME (Type)		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>					
DEPUTY MEDICAL EXAMINER <input type="checkbox"/>							
22a. BURIAL, CREMATION OR REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>12-7</u>		22c. NAME OF CEMETERY OR CREMATORIAL <u>Foster Park</u>			
22d. LOCATION (City, town, or county) <u>New Castleton</u>		(State) <u>Md.</u>					
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar J. Lane</u>		ADDRESS <u>Church Hill</u>		24a. REC'D BY REGISTRAR DATE <u>12/5</u>			
				24b. REGISTRAR'S SIGNATURE <u>Edgar J. Lane</u>			

MEMORIAL EXAMINER'S CERTIFICATE OF DEATH	
CO. 100	1957
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100
101	102
103	104
105	106
107	108
109	110
111	112
113	114
115	116
117	118
119	120
121	122
123	124
125	126
127	128
129	130
131	132
133	134
135	136
137	138
139	140
141	142
143	144
145	146
147	148
149	150
151	152
153	154
155	156
157	158
159	160
161	162
163	164
165	166
167	168
169	170
171	172
173	174
175	176
177	178
179	180
181	182
183	184
185	186
187	188
189	190
191	192
193	194
195	196
197	198
199	200
201	202
203	204
205	206
207	208
209	210
211	212
213	214
215	216
217	218
219	220
221	222
223	224
225	226
227	228
229	230
231	232
233	234
235	236
237	238
239	240
241	242
243	244
245	246
247	248
249	250
251	252
253	254
255	256
257	258
259	260
261	262
263	264
265	266
267	268
269	270
271	272
273	274
275	276
277	278
279	280
281	282
283	284
285	286
287	288
289	290
291	292
293	294
295	296
297	298
299	300
301	302
303	304
305	306
307	308
309	310
311	312
313	314
315	316
317	318
319	320
321	322
323	324
325	326
327	328
329	330
331	332
333	334
335	336
337	338
339	340
341	342
343	344
345	346
347	348
349	350
351	352
353	354
355	356
357	358
359	360
361	362
363	364
365	366
367	368
369	370
371	372
373	374
375	376
377	378
379	380
381	382
383	384
385	386
387	388
389	390
391	392
393	394
395	396
397	398
399	400
401	402
403	404
405	406
407	408
409	410
411	412
413	414
415	416
417	418
419	420
421	422
423	424
425	426
427	428
429	4210
4211	4212
4213	4214
4215	4216
4217	4218
4219	4220
4221	4222
4223	4224
4225	4226
4227	4228
4229	42210
42211	42212
42213	42214
42215	42216
42217	42218
42219	42220
42221	42222
42223	42224
42225	42226
42227	42228
42229	422210
422211	422212
422213	422214
422215	422216
422217	422218
422219	422220
422221	422222
422223	422224
422225	422226
422227	422228
422229	4222210
4222211	4222212
4222213	4222214
4222215	4222216
4222217	4222218
4222219	4222220
4222221	4222222
4222223	4222224
4222225	4222226
4222227	4222228
4222229	42222210
42222211	42222212
42222213	42222214
42222215	42222216
42222217	42222218
42222219	42222220
42222221	42222222
42222223	42222224
42222225	42222226
42222227	42222228
42222229	422222210
422222211	422222212
422222213	422222214
422222215	422222216
422222217	422222218
422222219	422222220
422222221	422222222
422222223	422222224
422222225	422222226
422222227	422222228
422222229	4222222210
4222222211	4222222212
4222222213	4222222214
4222222215	4222222216
4222222217	4222222218
4222222219	4222222220
4222222221	4222222222
4222222223	4222222224
4222222225	4222222226
4222222227	4222222228
4222222229	42222222210
42222222211	42222222212
42222222213	42222222214
42222222215	42222222216
42222222217	42222222218
42222222219	42222222220
42222222221	42222222222
42222222223	42222222224
42222222225	42222222226
42222222227	42222222228
42222222229	422222222210
422222222211	422222222212
422222222213	422222222214
422222222215	422222222216
422222222217	422222222218
422222222219	422222222220
422222222221	422222222222
422222222223	422222222224
422222222225	422222222226
422222222227	422222222228
422222222229	4222222222210
4222222222211	4222222222212
4222222222213	4222222222214
4222222222215	4222222222216
4222222222217	4222222222218
4222222222219	4222222222220
4222222222221	4222222222222
4222222222223	4222222222224
4222222222225	4222222222226
4222222222227	4222222222228
4222222222229	42222222222210
42222222222211	42222222222212
42222222222213	42222222222214
42222222222215	42222222222216
42222222222217	42222222222218
42222222222219	42222222222220
42222222222221	42222222222222
42222222222223	42222222222224
42222222222225	42222222222226
42222222222227	42222222222228
42222222222229	422222222222210
422222222222211	422222222222212
422222222222213	422222222222214
422222222222215	422222222222216
422222222222217	422222222222218
422222222222219	422222222222220
422222222222221	422222222222222
422222222222223	422222222222224
422222222222225	422222222222226
422222222222227	422222222222228
422222222222229	4222222222222210
4222222222222211	4222222222222212
4222222222222213	4222222222222214
4222222222222215	4222222222222216
4222222222222217	4222222222222218
4222222222222219	4222222222222220
4222222222222221	4222222222222222
4222222222222223	4222222222222224
4222222222222225	4222222222222226
4222222222222227	4222222222222228
4222222222222229	42222222222222210
42222222222222211	42222222222222212
42222222222222213	42222222222222214
42222222222222215	42222222222222216
42222222222222217	42222222222222218
42222222222222219	42222222222222220
42222222222222221	42222222222222222
42222222222222223	42222222222222224
42222222222222225	42222222222222226
42222222222222227	42222222222222228
42222222222222229	422222222222222210
422222222222222211	422222222222222212
422222222222222213	422222222222222214
422222222222222215	422222222222222216
422222222222222217	422222222222222218
422222222222222219	422222222222222220
422222222222222221	422222222222222222
422222222222222223	422222222222222224
422222222222222225	422222222222222226
422222222222222227	422222222222222228
422222222222222229	4222222222222222210
4222222222222222211	4222222222222222212
4222222222222222213	4222222222222222214
4222222222222222215	4222222222222222216
4222222222222222217	4222222222222222218
4222222222222222219	4222222222222222220
4222222222222222221	4222222222222222222
4222222222222222223	4222222222222222224
4222222222222222225	4222222222222222226
4222222222222222227	4222222222222222228
4222222222222222229	42222222222222222210
42222222222222222211	42222222222222222212
42222222222222222213	42222222222222222214
42222222222222222215	42222222222222222216
42222222222222222217	42222222222222222218
42222222222222222219	42222222222222222220
42222222222222222221	42222222222222222222
42222222222222222223	42222222222222222224
42222222222222222225	42222222222222222226
42222222222222222227	42222222222222222228
42222222222222222229	422222222222222222210
422222222222222222211	422222222222222222212
422222222222222222213	422222222222222222214
422222222222222222215	422222222222222222216
422222222222222222217	422222222222222222218
422222222222222222219	422222222222222222220
422222222222222222221	422222222222222222222
422222222222222222223	422222222222222222224
422222222222222222225	422222222222222222226
422222222222222222227	422222222222222222228
422222222222222222229	4222222222222222222210
4222222222222222222211	4222222222222222222212
4222222222222222222213	4222222222222222222214
4222222222222222222215	4222222222222222222216
4222222222222222222217	4222222222222222222218
4222222222222222222219	4222222222222222222220
4222222222222222222221	4222222222222222222222
4222222222222222222223	4222222222222222222224
4222222222222222222225	4222222222222222222226
4222222222222222222227	4222222222222222222228
4222222222222222222229	42222222222222222222210
42222222222222222222211	42222222222222222222212
42222222222222222222213	42222222222222222222214
42222222222222222222215	42222222222222222222216
42222222222222222222217	42222222222222222222218
42222222222222222222219	42222222222222222222220
42222222222222222222221	42222222222222222222222
42222222222222222222223	42222222222222222222224
42222222222222222222225	42222222222222222222226
4222	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 will be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8, film 12/23/57 for

13550

CERTIFICATE OF DEATH

Reg. Dist. No. 135452

1. PLACE OF DEATH a. COUNTY <i>Queen Anne's</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Queen Anne's</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Centreville</i>		c. LENGTH OF STAY IN 1b <i>Centreville</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Centreville</i>		d. STREET ADDRESS <i>Centreville</i>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i></i>				d. STREET ADDRESS <i></i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) JAMES		First EDWARD	Middle CONNOLLY	Lost	4. DATE OF DEATH Dec 5 1957	Month Dec	Day 5	Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH March 22-1877	9. AGE (In years lost birthday) 84 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>State Right Employee Farm Tenant</i>		11. BIRTHPLACE (State or foreign country) <i>Talbot Co Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Michael Thomas Connally</i>		14. MOTHER'S MAIDEN NAME <i>Catherine Shortall</i>		Address <i>Centreville Md</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 244-28-3254		17. INFORMANT Mrs. Minnie E. Connally		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) coronary Occlusion		
420.1 DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. (b)		DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH Suddenly		
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19		20d. INJURY OCCURRED White <input type="checkbox"/> Nat white <input type="checkbox"/> at work <input type="checkbox"/> ot work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from Stan 1- 1957 to Dec 5 1957 that I last saw the deceased alive on Dec 5 1957 , and that death occurred at 9 P.M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Centreville Md						
ACTUAL SIGNATURE <i>W. Henry Fisher</i>		DATE SIGNED 12/7/57						
PHYSICIAN'S NAME (Type) W. HENRY FISHER								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Dec 9-57		22c. NAME OF CEMETERY OR GRESMATORIY Chesterfield		22d. LOCATION (City, town, or county) (State) Centreville Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Howard Barton, Barton Bros Centreville Md.</i>		ADDRESS <i></i>		24a. REC'D BY REGISTRAR Elvie Armstrong		24b. REGISTRAR'S SIGNATURE <i>Elvie Armstrong</i>		
VS A15 (4) 1SM 9/55				DATE 12-9-57				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13551 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

13551-57

1. PLACE OF DEATH a. COUNTY Queen Anne		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Queen Anne	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonville	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X 2 Grasonville	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS /	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	First Isabelle	Middle A.	Last Dadds	4. DATE OF DEATH December 19	Month	Day	Year
-------------------------------------	----------------	-----------	------------	------------------------------	-------	-----	------

5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 22, 1886	9. AGE (In years from birthday) 71 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
-------------	------------------------	--	--------------------------------	---	------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	----------------------------------

13. FATHER'S NAME William DeLacy	14. MOTHER'S MAIDEN NAME Annette Hess
----------------------------------	---------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Nettie Aaron-Stevensville, Md.	Address
---	-------------------------	---	---------

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		
420.1 DUE TO		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--

20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
---	--	--

20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
---	------------------------	---	--	---------------------	----------	---------

21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .						
--	--	--	--	--	--	--

ACTUAL SIGNATURE <u>W. Henry Fisher</u>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	DATE SIGNED <u>12/20-57</u>
---	--	-----------------------------

EXAMINER'S NAME (Type) <u>W. HENRY FISHER</u>	ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>
---	---

22a. BURIAL, CREMATION, REMOVAL, ETC. <input type="checkbox"/>	22b. DATE THEREOF Dec. 22	22c. NAME OF CEMETERY OR CREMATORIUM Centreville	22d. LOCATION (City, town, or county) (State) Centreville, Maryland
--	---------------------------	--	---

23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Lane</u>	ADDRESS Church Hill, Md.	24a. REC'D BY REGISTRAR DATE DEC 26 1957	24b. REGISTRAR'S SIGNATURE <u>Helen Aldridge</u>
---	--------------------------	--	--

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial or removal.

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGON D. C.

BUREAU
RECEIVED
DEC 26 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Item 20 Film 224 1-2-58

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

**FOR STATE
HEALTH DEPT.**

13552		13550	
Item 20 Film 224 1-2-58		Reg. Dist. No 290	
1. PLACE OF DEATH a. COUNTY Queen Anne		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonville		c. LENGTH OF STAY IN 1b MARYLAND	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. STREET ADDRESS Xo Masonville	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Edward Harry Drummond		First Middle Last	4. DATE OF DEATH 12 - 19 1957
5. SEX M		6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
		8. DATE OF BIRTH 8-25-1935	
		9. AGE (In years last birthday) 22 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY Foodpacking	
11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HARRY DRUMMOND		14. MOTHER'S MAIDEN NAME Edith PAIGE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT VIRGIE JOHNSON - AUNT - nd		Address GRASONVILLE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Auto accident - Fractured 816 X			
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.			
(b) Skinned - broken neck			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Car containing passengers ran into rear of truck	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State highway	
		20f. (City or town) Narrows	
		(County) Q.A.Co.	
		(State) Md.	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>		DATE SIGNED 12/19/57	
ACTUAL SIGNATURE W-HENRY FISHER		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
EXAMINER'S NAME (Type) W HENRY FISHER			
22a. BURIAL/CREMATION REMOVAL (Specify) 12/22/57		22b. DATE THEREOF 12/22/57	
		22c. NAME OF CEMETERY OR CREMATORY EASTON CEMETERY	
		22d. LOCATION (City, town, or county) EASTON, MD	
23. FUNERAL DIRECTOR'S SIGNATURE H.W. Stetson		ADDRESS 399 High St. N.E. DATE 12/22/57	
		24b. REG'D BY REGISTRAR N.H. Neeris	
		24b. REGISTRAR'S SIGNATURE	

RECEIVED
FBI BUREAU

DEC 27 1957

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 2 should be detached for use as the burial-transit Permit. Then please remove carbon papers. Page 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13553

CERTIFICATE OF DEATH

13551 254

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Queen Anne's Maryland</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Md.</i> b. COUNTY <i>Q.A.</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural - Queenstown</i>	c. LENGTH OF STAY IN 1b <i>2 mo.</i>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural - Queenstown</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION —	d. STREET ADDRESS —	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Sylvia Eugenia Flamer</i>	First <i>Sylvia</i>	Middle <i>Eugenia</i>	Last <i>Flamer</i>
4. DATE OF DEATH <i>Dec. 3 1957</i>	Month <i>Dec.</i>	Day <i>3</i>	Year <i>1957</i>
5. SEX <i>F</i>	6. COLOR OR FACE <i>C</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 3, 1957</i>
9. AGE (In years last birthday) yrs. <i>2</i>	10. IF UNDER 1 YEAR Months <i>2</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. IF UNDER 24 HRS. Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <i>Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Elk Foreman</i>	14. MOTHER'S MAIDEN NAME <i>Peggy Flamer</i>	Address <i>Queenstown Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. —	17. INFORMANT <i>Mother</i>	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>493X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>(b)</i> DUE TO <i>(c)</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) —	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <i>19</i>	20d. INJURY OCCURRED While at work <input type="checkbox"/> At work <input type="checkbox"/> —	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	20f. (City or town) (County) (State) <i>Queenstown, Md.</i>
21. I certify that I attended the deceased from <i>Oct. 3, 1957</i> to <i>Dec. 8, 1957</i> that I last saw the deceased alive on <i>Dec. 7, 1957</i> , and that death occurred at <i>4 Queenstown Rd.</i> M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>Queenstown, Md.</i>	ACTUAL SIGNATURE <i>Evelyn G. Hoyt</i>	PHYSICIAN'S NAME (Type) <i>Evelyn G. Hoyt, M.D.</i>	DATE SIGNED <i>12/8/57</i>
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>12-10-57</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Carmichael Cemetery</i>	22d. LOCATION (City, town, or county) (State) <i>Queenstown, Md.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>James B. Goldsmith, Easton, Md.</i>	ADDRESS <i>2080171XV3</i>	24a. REC'D BY REGISTRAR DATE <i>11/13/57</i>	24b. REGISTRAR'S SIGNATURE <i>Alice Aldridge</i>

INDIANA STATE DEPARTMENT OF HEALTH - DIVISIONS 10

CERTIFICATE OF DEATH

SEARCHED

INDEXED

SERIALIZED

FILED

BUREAU V. 2

DEC 16 1957

RECEIVED

BUREAU A.

883 3 KJL

REGEIYED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										13553		
MEDICAL EXAMINER'S CERTIFICATE OF DEATH										Reg. Dist. No. 290		
Item 20 Film 224 1-13-58 ams					Items 7,8,9 Film G224 1-15-58 et							
1. PLACE OF DEATH a. COUNTY Queen Anne MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Queen Anne							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonville					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake, Maryland							
d. LENGTH OF STAY IN 1b					d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)												
3. NAME OF DECEASED (Type or print)		First Rose	Middle marie	Last Hazelton	4. DATE OF DEATH		Month 12	Day 19	Year 1957			
5. SEX F		6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Not given		9. AGE (In years from birthday) 17 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					10b. KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE (State or foreign country) Florida		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Hazelton					14. MOTHER'S MAIDEN NAME Mary ?							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or date of service)					16. SOCIAL SECURITY NO. 70					17. INFORMANT Mary Hazelton (son/daughter) Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Auto accident - Broken neck 816 X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) + fractured spine — DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Auto in which she was riding ran into a truck							
20c. TIME OF INJURY		Month, Day, Year	20d. INJURY OCCURRED		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Grasonville		(County) Queen Anne	(State) Md.		
Hour o. m. p. m.		19	White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		State Highway							
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>										DATE SIGNED 12/19.57		
ACTUAL SIGNATURE W. Henry Fisher		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>						
EXAMINER'S NAME (Type) W. Henry Fisher												
22a. BURIAL CREMATION, REMOVAL (Specify)		22b. DATE THEREOF 12/21/57		22c. NAME OF CEMETERY OR CREMATORIAL Chester Md		22d. LOCATION (City, town, or county) Chester Md		(State)				
23. FUNERAL DIRECTOR'S SIGNATURE S. B. Marshall		ADDRESS 901 N. E. 1st St.		24a. REC'D BY REGISTRAR DATE 1/4/58		24b. REGISTRAR'S SIGNATURE N. H. Neer						

RECEIVED

JAN 7 1958

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13556

CERTIFICATE OF DEATH

13556
2

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>QUEEN ANNE</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>MD.</i>		b. COUNTY <i>QUEEN ANNE</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>BALCLAY</i>		c. LENGTH OF STAY IN 1b <i>X1</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>BALCLAY</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i></i>		d. STREET ADDRESS <i></i>		d. STREET ADDRESS <i></i>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>SAMUEL</i>	Middle <i>EUGENE</i>	Last <i>PENNINGTON</i>	4. DATE OF DEATH <i>DEC. 7 1957</i>	Month <i>DEC.</i>	Day <i>7</i>	Year <i>1957</i>
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <i>AUG. 21 1903 54</i>	9. AGE (In years last birthday) yrs. <i>54</i>	IF UNDER 1 YEAR Months <i></i>	IF UNDER 24 HRS. Days <i></i>	Hours <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FARMER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>FARM</i>		11. BIRTHPLACE (State or foreign country) <i>MD.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>HOUSTON PENNINGTON</i>		14. MOTHER'S MAIDEN NAME <i>LILLIAN HARDESTY</i>		Address <i>MD.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i></i>		16. SOCIAL SECURITY NO. <i>218-10-1349</i>		17. INFORMANT <i>Mrs. JOSEPHINE B. PENNINGTON, BALCLAY</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Stroke</i> 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b) <i>Cardio Vascular weakness</i> DUE TO (c) <i>Arteritis diatheris</i> 23 mos 2 years							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>none</i>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <i>No accident</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>No accident</i>					
20c. TIME OF INJURY Month, Day, Year Hour o. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i></i>		20f. (City or town) (County) (State) <i></i>	
21. I certify that I attended the deceased from <i>Sept. 1948</i> to <i>Dec 7 1957</i> that I last saw the deceased alive on <i>Dec 7 1957</i> , and that death occurred at <i>7:40 AM</i> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <i>H. H. Hamilton</i> ADDRESS (Street, city or town, state) <i>Millington Md</i> DATE SIGNED <i>12/19/57</i>							
PHYSICIAN'S NAME (Type) <i>H. H. HAMILTON</i>		22a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i> 22b. DATE THEREOF <i>12/10/57</i> 22c. NAME OF CEMETERY OR CREMATORIUM <i>SUDLERSVILLE CEM.</i> 22d. LOCATION (City, town, or county) (State) <i>SUDLERSVILLE, MD.</i>					
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edward Fellows.</i>		ADDRESS <i>Millington Md</i>		24a. REC'D BY REGISTRAR DATE <i>11/11/1957</i>		24b. REGISTRAR'S SIGNATURE <i>Edgar L. Lasey</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

1951 11 030

REGELIV ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13555

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
Queen Anne				a. STATE Maryland b. COUNTY Queen Anne						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Queen Anne		c. LENGTH OF STAY IN 1b 5 mos		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Queen Anne						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS						
				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year		
VIRGIE		ETTA		RICE	Dec 2			1957		
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH		9. AGE (In years lost birthday) yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
F	W		Apr 23, 1885		72	Months	Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME SIDNEY PINDER, SR.			14. MOTHER'S MAIDEN NAME FLORENCE JESTER							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO.		Address					
(If yes, give war or dates of service)			—		HARVEY RICE, Queen Anne, Md					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 491X DUE TO			Bronchopneumonia, bilateral 3 days		INTERVAL BETWEEN ONSET AND DEATH					
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pyelonephritis - Paralysis of the bladder - Osteoporosis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY		Month, Day, Year	20d. INJURY OCCURRED		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)	(State)
Hour a. m.		19	While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>							
21. I certify that I attended the deceased from Jan 19 Y3, to Dec 2, 1957, that I last saw the deceased alive on Dec 1st, 1957, and that death occurred at 1 AM, from the causes and on the date stated above.					ADDRESS (Street, city or town, state)					
ACTUAL SIGNATURE Kurt Lederer M.D.					DATE SIGNED 12/4/57					
22a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		22b. DATE THEREOF Dec 4, 1957		22c. NAME OF CEMETERY OR CREMATORIUM Greenwood		22d. LOCATION (City, town or county) Selbywood		(State)		
23. FUNERAL DIRECTOR'S SIGNATURE Dr. Kurt Lederer Denton		ADDRESS		24a. REC'D BY REGISTRAR DATE Jan 6 1958		24b. REGISTRAR'S SIGNATURE W. W. Shultz				

STATE DEPARTMENT OF HEALTH - DIVISION OF
CERTIFICATE OF DESIGN

BUREAU V. S.

JAN 6 1938

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13556
251

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Queen Anne		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Queen Anne			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Chestertown		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Xo Rural Chestertown					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS /		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Rosa		First	Middle	Last	4. DATE OF DEATH Smith	Month	Day	Year	
S. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 21, 1870	9. AGE (In years last birthday) 87 yrs.	IF UNDER 1 YEAR 87 yrs.	IF UNDER 24 HRS. Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Louis Walls		14. MOTHER'S MAIDEN NAME Martha Hewitt							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT J. Earl Smith--Chestertown, Md. R.R. #1		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 433.1		Atrial Fibrillation				INTERVAL BETWEEN ONSET AND DEATH 3 weeks			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)		Insanition				4 weeks			
DUE TO (c)		Senility							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) name									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) No injury		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day	Year	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not white at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Millington	(County) Md.	(State) Md.	
21. I certify that I attended the deceased from Nov 19 , 1957, to Dec 10 , 1957, that I last saw the deceased alive on Dec 9/57 , 1957, and that death occurred at 2 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE H.H. Hamilton ADDRESS (Street, city or town, state) Millington Md. DATE SIGNED 10/12									
PHYSICIAN'S NAME (Type) H. H. HAMILTON									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Dec. 13	22c. NAME OF CEMETERY OR CREMATORIAL Sudlersville		22d. LOCATION (City, town, or county) Sudlersville, Maryland		(State)			
23. FUNERAL DIRECTOR'S SIGNATURE Edgar L. Lane		ADDRESS Church Hill, Md.		24a. REC'D BY REGISTRAR DATE 10/12		24b. REGISTRAR'S SIGNATURE Edgar L. Lane			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 1 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be filed with the registrar prior to burial, cremation, or removal, and in event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU V. S.

DEC 16 1957

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13559 MEDICAL EXAMINER'S CERTIFICATE OF DEATH												Reg. Dist. No. 1355751	
1. PLACE OF DEATH a. COUNTY <i>Queen Anne's</i> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chestertown</i> c. LENGTH OF STAY IN 1b <i>1 Day</i> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i></i>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Bordenstown</i> d. STREET ADDRESS <i>Sobetown Smithville Road</i>									
3. NAME OF DECEASED (Type or print) <i>Joseph</i> First Middle Last				4. DATE OF DEATH <i>Dec 2 1957</i>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Sept. 1905</i>		9. AGE (in years last birthday) <i>52 yrs.</i>		IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. <input type="checkbox"/> Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Herrney</i>				10b. KIND OF BUSINESS OR INDUSTRY <i></i>				11. BIRTHPLACE (State or foreign country) <i>MT Horry & J. Lee</i>					
13. FATHER'S NAME <i>John</i>				14. MOTHER'S MAIDEN NAME <i>Mc. M. Snyder</i>				12. CITIZEN OF WHAT COUNTRY? <i>United States</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>				16. SOCIAL SECURITY NO. <i></i>				17. INFORMANT <i>Coronary Occlusive Disease</i>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.1</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>(b)</i> DUE TO <i>(c) Deer hunting</i>												INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>to</i>												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>to</i>									
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <i>Beverly</i>		(County) <i>Baltimore Co. MD</i>			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>													
ACTUAL SIGNATURE <i>H. F. McPherson</i>				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>								DATE SIGNED <i>12/2/57</i>	
22a. BURIAL, CREMATION, REMOVAL (specify) <i>Burial</i>		22b. DATE THEREOF <i>Dec 4/57</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Copperport Cem</i>		22d. LOCATION (City, town, or county) <i>Baltimore Co. MD</i>							
23. FUNERAL DIRECTOR'S SIGNATURE <i>Marvin V Williams Chestertown Md</i>				ADDRESS		24a. REC'D BY REGISTRAR DATE <i>12/2</i>		24b. REGISTRAR'S SIGNATURE <i>Edgar S. Lane</i>					

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

. DEC 9 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13558

13560 CERTIFICATE OF DEATH

Reg. Dist. No.

300

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
QUEEN Anne MARYLAND		a. STATE	b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
RURAL MILLINGTON		MILLINGTON & RURAL	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First GEORGE	Middle F.	Last VOGEL
4. DATE OF DEATH	Month DEC.	Day 29	Year 1957
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 16, 1870
9. AGE (In years lost birthday) yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
RETIRED FIREMAN	FIRE CO.	PHILA. PA.	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
HARRY VOGEL	REGINA HORNICKLE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
MRS. GEORGE VOGEL			MILLINGTON, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>decompensation of the heart -</u> DUE TO <u>427.1</u> Conditions, if any, which give rise to immediate cause (a), stating the under- lying cause lost. (b) <u>degeneration of the myocardium -</u> DUE TO (c) <u>arteriosclerosis -</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>no years -</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY	Month, Day, Year Hour o. m. p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
20c. TIME OF INJURY	Month, Day, Year Hour o. m. p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>6-17</u> , 19 <u>57</u> , to <u>12-29</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>12-27</u> , 19 <u>57</u> , and that death occurred at <u>8:30 A.M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE GEZA KORALEWSKI		ADDRESS (Street, city or town, state) MILLINGTON, MD.	
PHYSICIAN'S NAME (Type) GEZA KORALEWSKI		DATE SIGNED 12-30-57	
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 1/1/58	22c. NAME OF CEMETERY OR CREMATORIUM MILLINGTON CEM.	22d. LOCATION (City, town, or county) MILLINGTON, BENTON, MD. (State)
23. FUNERAL DIRECTOR'S SIGNATURE Edward Fellows	ADDRESS Millington, Md.	24a. REC'D BY REGISTRAR DATE 6 1058	24b. REGISTRAR'S SIGNATURE Ed. Mulligan PC W. McAnally

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 & 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE DEPARTMENT OF CIVIL RIGHTS

CERTIFICATE OF AGENT

AGENT

AGENT'S ADDRESS

CERTIFICATE OF AGENT

CITY AND STATE

RECEIVED
FEBRUARY 2

JAN 6 1953

RECEIVED